

VILLAGE OF WILMETTE, COMMUNITY DEVELOPMENT DEPT. PERMIT APPLICATION

Please press firmly (5) copies

FINANCE USE ONLY

DATE: _____ Fill in all appropriate blanks and check box(es).

ADDRESS: _____ OWNER: _____

REAL ESTATE INDEX NO: _____ OWNER'S TEL. NO. Work () Res ()

APPLICATION FOR: NEW CONSTRUCTION ADDITION REMODELING ELECTRICAL PLUMBING WRECKING
 OTHER (DESCRIBE): _____

CENTRAL AIR CONDITIONING IS PART OF THIS PERMIT APPLICATION: YES NO

SCOPE OF WORK: _____

PROPOSED USE: SINGLE FAMILY MULTI FAMILY DETACHED GARAGE COMMERCIAL PUBLIC FACILITY
 OTHER (DESCRIBE): _____

APPLICANT'S ESTIMATED COMBINED CONSTRUCTION COST FOR ENTIRE IMPROVEMENT: \$ _____

NAME ADDRESS, CITY, ZIP TEL. NO.

GENERAL CONTRACTOR: _____ ()

BUS. LIC. NO. _____

ARCHITECT: _____ ()

CARPENTER: _____ ()

BUS. LIC. NO. _____

EXCAVATOR: _____ ()

BUS. LIC. NO. _____

CONCRETE WORK: _____ ()

BUS. LIC. NO. _____

ELECTRICIAN: _____ ()

BUS. LIC. NO. REG. NO. CITY OR VILLAGE

PLUMBER: _____ ()

BUS. LIC. NO. LIC. NO. BOND WITH WILMETTE EXPIRATION DATE

MECHANICAL: _____ ()

BUS. LIC. NO. _____

ROOFER: _____ ()

BUS. LIC. NO. STATE OF ILL. LIC. NO. _____

SAMPLE

SIGNATURE OF APPLICANT _____

PRINT NAME OF APPLICANT _____

DAY TEL. NO. () _____

JULIE NO. _____

PERMIT NOTES:

APPROVED DRAWINGS MUST BE AVAILABLE ON SITE AT ALL TIMES.
 AT LEAST 24 HOURS NOTICE IS REQUIRED TO SCHEDULE INSPECTIONS.
 NO STORAGE OF BUILDING MATERIALS IS PERMITTED ON THE PUBLIC RIGHT-OF-WAY
 CONTACT DEPT. OF PUBLIC WORKS FOR PUBLIC IMPROVEMENTS & ROW PERMITS

DO NOT WRITE BELOW THIS LINE

PLAN EXAMINATION FEE \$ _____

RECEIPT NO. _____

ESTIMATED CONSTRUCTION VALUE: \$ _____

PERMIT FEES:

BUILDING PERMIT _____

TRANSPORTATION & INSPECTION SERVICES _____

WATER FOR CONSTRUCTION PURPOSES _____

WRECKING _____

AIR CONDITIONING _____

ELECTRICAL BASE CHARGE _____

NEW SERVICE _____ AMPS

NO. OF OUTLETS, RECEPTACLES, SWITCHES _____

OTHER _____

ELEVATOR REVIEW CHARGE & INSPECTION _____

PLUMBING BASE CHARGE _____

NO. OF FIXTURES _____

OTHER _____

OTHER _____

SURCHARGE FOR FAILURE TO OBTAIN PERMIT _____

COMBINED TOTAL OF FEES \$ _____

REINSPECTION FEES & FINES TO BE PAID

BEFORE OCCUPANCY PERMIT IS ISSUED

REINSPECTION FEES x \$20.00 _____

PERMIT NO. _____

APPEARANCE ZONING SITE PLAN HIST. PRES.

SPECIAL CONDITIONS: _____

PLANNER DATE APPROVED _____

PLUMBING INSPECTOR DATE APPROVED _____

ELECTRICAL INSPECTOR DATE APPROVED _____

BUILDING INSPECTOR DATE APPROVED _____

DISTRIBUTION: WHITE - COMMUNITY DEVELOPMENT GREEN - APPLICANT YELLOW - FINANCE
 PINK - TAX ASSESSOR GOLD - COOK COUNTY REVISED 10/15/02

TO BE COMPLETED BY APPLICANT

FOR OFFICE USE ONLY